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FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations (a) Name									
	SUSAN B ANTHONY LIST INC								
	(b) Address (number and street) check if different than previously reported 1800 NORTH KENT ST STE 1070 2. FEC Identification Number								
_	(c) City, State and ZIP Code ARLINGTON VA 22209								
(d) Name of Employer or Principal Place of Business (e) Occupation									
3.	Is This Statement or Amended Amended New 4. Covering Period Through Amended Amended								
5.	(a) Date of Public Distribution(s) M _{1,0} / D _{0,1} / Y _{2,0} Y _{0,8} (b) Communication Title Day								
6.	The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)								
	(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15 (e) X Other, specify: Non-Qualified Corp								
7.	Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?								
8.	Custodian of Records								
	(a) Name								
	Marjorie Dannenfelser								
	(b) Address (number and street) 1800 N Kent St, Ste 1070								
	(c) City, State and ZIP Code								
	Arlington VA 22209								
	(d) Name of Employer or Principal Place of Business (e) Occupation								
_	Susan B. Anthony List, Inc President								
9.	Total Donations This Statement .00								
10	D.Total Disbursements/Obligations This Statement 9728.78								
	Under penalty of perjury, I certify that this statement is true, correct and complete.								
TYPE OR PRINT NAME OF PERSON COMPLETING FORM Emily Buchanan									
	SIGNATURE Electronically Filed by Emily Buchanan DATE 10/01/2008								

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control (use additional pages as necessary)

PAGE 2/3

A.	(a) Name		Transction ID: F91.000001	
	Emily Buchanan			
	(b) Address (number and street) 1800 N Kent St, Ste 1070			
	(c) City, State and Zip Code			
	Arlington	VA	22209	
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
	Susan B. Anthony List, Inc	Executive Director		

FEC FORM 9 (Rev. 12/2007) FE3AN038.PDF

Disbursement(s) Made or Obligations

								
	Crossi Mailin	Full Name (Last, First, Middle Initial) of Payee Crossroads Media Mailing Address of Payee 66 Canal Center Plaza, Ste. 555					Date of Disbursement or Obligation M M O 9	
	City Alexar Name Ad Pla	ndria e of Employer acement	VA	State Zip Code VA 22314 Occupation			9728.78 Communication Date M M / D D / Y Y Y Y Transction ID: F93.000001	
	Purpo Day	Purpose of Disbursement (including title(s) of communication(s))						
	Al Fra	e of Federal Candidate anken 00002	Office Sought:	House X Senate President	State: _ District: _	MN	Disbursement/Obligation For: 2008 Primary X General Other (specify)	
		e of Federal Candidate	Office Sought:		State: _ District:		Disbursement/Obligation For: Primary General Other (specify)	
	Name	e of Federal Candidate	Office Sought:	House Senate President	State:		Disbursement/Obligation For: Primary General Other (specify)	
	SUBTOTAL of Disbursement/Obligation This Page (optional)						9728.78	
_	тот	AL This Period (last page this line (carry total from last page to line		9728.78				

FE3AN038.PDF FEC FORM 9 (REV. 12/2007)